## **Retail Food Inspection Report**

Floyd County Health Department Telephone (812) 948-4726

Establishment Name SUBWAY #3954  Address 3400 GRANT LINE ROAD SUITE D, NEW ALBANY IN 4  Owner DEANNA BURKHART  Owner's Address							Est Ow:	Telephone Number 812/948-7822 1 (502) 541-5820  Purpose X Routine Follow-up	Date of Inspection 07/31/2020 Follow Up	ID#  Released 07/31/2020	
9306 ARTHUR COFFMAN RD GREENVILLE, IN 47124  Person in Charge PATTY EDDIE  Responsible Person's Email PATTYEDDIE41@GMAIL.COM  Certified Food Handler								ComplaintPre-OperationalTemporaryHACCPOther (list)	Menu Type 1 2 <u>X</u> 3 4 5		
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C" VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRAIVE COLUMN MARKED AS "R"											
Section #	ion # C NC R Narrative To Be Corrected										
118 415 304 433	X	XXX		Observed store s Owner's certifica 10/1/20 for store Observed gnats i Observed metal	te has expite to obtain.  near mop sing pans being	ired. Due ink wet stack	to COVII	I food protection manager. D19- FCHD will give until owed to air dry. v after use/mop water needed	10/1/20 1 WEEK RETRAI		
Summary of Violations C 2 NC 2 R 0											
Received by (name and title printed): PATTY EDDIE								Inspected by (name and title printed):  A.J. Ingram CHIEF FOOD SPECIALIST			
Received by (signature):								Inspected by (signature):			
ce:					cc:		i		cc:		